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APPLICANTS

Yasuhiko Inaba, Yokohama, JAPAN;

Tadatoka Matsubayashi, Kawasaki, JAPAN;

Takaaki Yayoi, Yokohama, JAPAN; Makoto Uchikado, Takatsuki, JAPAN;

*** CONTINUING DATA *****

*** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

24956

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

1800 DIAGONAL ROAD

SUITE 370

ALEXANDRIA, VA

22314

TITLE

Method, apparatus and programs for delivering information

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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